

SERFF Tracking Number:	PHAR-125267351	State:	Arkansas
Filing Company:	Pharmacists Mutual Insurance Company	State Tracking Number:	AR-PC-07-025929
Company Tracking Number:	AR-PIM-01-08-RR		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Personal Inland Marine Rate/Rule Filing		
Project Name/Number:	PIM Higher Jewelry Deds/AR-PIM-01-08-RR		

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Inland Marine SERFF Tr Num: PHAR-125267351 State: Arkansas

Rate/Rule Filing

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-025929

Sub-TOI: 09.0006 Other Personal Inland Marine

Co Tr Num: AR-PIM-01-08-RR

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Author: Heidi Allen

Disposition Date: 08/29/2007

Date Submitted: 08/28/2007

Disposition Status: Filed

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):
01/01/2008

General Information

Project Name: PIM Higher Jewelry Deds

Status of Filing in Domicile: Pending

Project Number: AR-PIM-01-08-RR

Domicile Status Comments:

Reference Organization: AAIS

Reference Number: AAIS-2006-31R

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/29/2007

State Status Changed: 08/29/2007

Deemer Date:

Corresponding Filing Tracking Number: AR-PIM-01-08-F

Filing Description:

Pharmacists Mutual Insurance Company is a member of AAIS for our Personal Inland Marine program. The purpose of this filing is to submit for your review and approval manual exception pages we would like to use for this program in conjunction with our adoption of AAIS's revised program (filing AAIS-2006-31R.)

We would like to begin using these rules for all policies effective on and after January 1, 2008.

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Company and Contact

Filing Contact Information

Heidi Allen, Heidi.Allen@phmic.com
PO Box 370 (800) 247-5930 [Phone]
Algona, IA 50511 (515) 295-9306[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
808 Highway 18 West Group Code: 775 Company Type: Mutual
P.O. Box 370
Algona, IA 50511 Group Name: State ID Number:
(800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Reference filing adoption
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$25.00	08/28/2007	15326864

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	08/29/2007	08/29/2007

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Disposition

Disposition Date: 08/29/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PHAR-125267351	State:	Arkansas
Filing Company:	Pharmacists Mutual Insurance Company	State Tracking Number:	AR-PC-07-025929
Company Tracking Number:	AR-PIM-01-08-RR		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Rate	Personal Inland Marine Program Manual	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Personal Inland Marine Program Manual	Rating Exceptions - 1	Replacement	Approved 3/15/1995 CW PIM Exception Pages 01-08.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY
PERSONAL INLAND MARINE PROGRAM MANUAL
LOSS COST RATING INFORMATION
COUNTRYWIDE

Rating Rule 5.7.7 has been withdrawn and replaced by the following:

5.7.7 Jewelry Deductible

DEDUCTIBLE	<u>Factor</u>
No Deductible	1.00
\$100 Deductible	.95
\$250 Deductible	.92
\$500 Deductible	.87
\$1000 Deductible	.79

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	08/29/2007
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Comments:

Attachment:

NAIC Transmittal Doc AR-PIM-01-08-RR.pdf

Property & Casualty Transmittal Document (Revised 1/1/05)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
	g. SERFF Filing #:			

3. Group Name				Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="116 1407 259 1474"> <p>Check #:</p> <p>Amount:</p> </div> <div data-bbox="87 1732 1497 1799"> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p> </div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #			
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)			
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing			%
4.	Effect of Rate Filing – Written premium change for this program			
5.	Effect of Rate Filing – Number of policyholders			
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)			
7.	Rate Change by Company			
	Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program
8.	Overall percentage of last rate revision			%
9.	Effective Date of last rate revision			
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

